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| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | -                             |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | ■ Chapter 7                   |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ☐ Chapter 13                  | Check if this an amended filing |

### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai   | rt 1: Identify Yourself  |   |   |
|---|--|---|---|
|   |  | About Debtor 1:                                 | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name   |   |   |
| Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Daphne First name  J Middle name   | First name  Middle name                         |   |
|   | Bring your picture identification to your meeting with the trustee.  | Payton Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  | All other names you have used in the last 8 years  |   |   |
|   | Include your married or maiden names.  |   |   |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-0800                                     |   |

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Debtor 1 Daphne J Payton

Case number (if known)

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
|----|---|---|--|--|--|--|
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |  |  |  |
|    | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |  |  |  |
|    |   | EINs  | EINs   |  |  |  |
| 5. | Where you live  |   | If Debtor 2 lives at a different address:  |  |  |  |
|    |   | 115 S. Joliet Street<br>Joliet, IL 60436  |  |  |  |  |
|    |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |  |  |  |
|    |   | Will County   | County   |  |  |  |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |
| 6. | Why you are choosing this district to file for  | Check one:  | Check one:   |  |  |  |
|    | bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |  |
|    |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |  |
|    |   |   |  |  |  |  |

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Case number (if known) Debtor 1 Daphne J Payton

| art        |   |   | . ,                         |  |  |  |  |  |  |  |
|------------|---|---|-----------------------------|--|--|--|--|--|--|--|
| •          | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                             |  |  |  |  |  |  |  |
|            | choosing to file under  | ■ Chap  | Chapter 7                   |  |  |  |  |  |  |  |
|            |   | ☐ Chap  | ter 11                      |  |  |  |  |  |  |  |
|            |   | ☐ Chap  | ter 12                      |  |  |  |  |  |  |  |
|            |   | ☐ Chap  | ter 13                      |  |  |  |  |  |  |  |
|            |   |   |                             |  |  |  |  |  |  |  |
|            | How you will pay the fee  | abo   | out how yo                  | the entire fee when I file my petition. Please check with the clerk's office in your local court for more you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or our attorney is submitting your payment on your behalf, your attorney may pay with a credit card or che address |  |  |  |  |  |  |
|            |   |   |                             |  |  | on, sign and attach the Application for Individuals to Pay   |  |  |  |  |
|            |   |   | •                           | ee in Installments (Of<br>at my fee be waived  | ,  | n only if you are filing for Chapter 7. By law, a judge may,   |  |  |  |  |
|            |   | but<br>app  | t is not red<br>olies to yo | quired to, waive your<br>our family size and yo  | fee, and may do so only if you are unable to pay the fee i | bur income is less than 150% of the official poverty line than installments). If you choose this option, you must fill out cial Form 103B) and file it with your petition. |  |  |  |  |
|            | Have you filed for bankruptcy within the last 8 years?                                | ■ No.   |                             |  |  |  |  |  |  |  |
|            | •   |   | District                    |  | When   | Case number  |  |  |  |  |
|            |   |   | District                    |  | When   | Case number  |  |  |  |  |
|            |   |   | District                    |  | When   | Case number  |  |  |  |  |
| <b>)</b> . | Are any bankruptcy  | ■ No  |                             |  |  |  |  |  |  |  |
|            | cases pending or being filed by a spouse who is                                       | □ Yes.  |                             |  |  |  |  |  |  |  |
|            | not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | □ Tes.  |                             |  |  |  |  |  |  |  |
|            |   |   | Debtor                      |  |  | Relationship to you  |  |  |  |  |
|            |   |   | District                    |  | When   | Case number, if known  |  |  |  |  |
|            |   |   | Debtor                      |  |  | Relationship to you  |  |  |  |  |
|            |   |   | District                    |  | When   | Case number, if known  |  |  |  |  |
| ١.         | Do you rent your residence?   | □ No.   | Go to                       | line 12.   |  |  |  |  |  |  |
|            | residence :   | Yes.  | Has y                       | our landlord obtained  | I an eviction judgment agains                              | st you?  |  |  |  |  |
|            |   |   |                             | No. Go to line 12.   |  |  |  |  |  |  |
|            |   |   |                             | Yes. Fill out <i>Initial</i> S   |  |  |  |  |  |  |

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Document Page 4 of 43 Case number (if known) Debtor 1 Daphne J Payton Report About Any Businesses You Own as a Sole Proprietor Are you a sole proprietor ■ No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure Bankruptcy Code and are you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention?

Number, Street, City, State & Zip Code

Where is the property?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

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Debtor 1 Daphne J Payton

Case number (if known)

 Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known) Debtor 1 Daphne J Payton **Answer These Questions for Reporting Purposes** Part 6: Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 □ 200-999 How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Daphne J Payton Signature of Debtor 2 Daphne J Payton Signature of Debtor 1 Executed on February 25, 2018 Executed on MM / DD / YYYY MM / DD / YYYY

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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Christina Banyon                   | Date          | February 25, 2018     |
|--|---------------|-----------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY        |
| Christina Banyon Printed name          |               |                       |
|  |               |                       |
| Christina Banyon Firm name             |               |                       |
| CKB Lawyers, LLC                       |               |                       |
| 124 N. Scott Street                    |               |                       |
| Joliet, IL 60432                       |               |                       |
| Number, Street, City, State & ZIP Code |               |                       |
| Contact phone                          | Email address | cbanyon.law@gmail.com |
| 6283282 IL                             |               |                       |
| Bar number & State                     |               |                       |

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|                     |                          | Docume            | ent Page 8 of 43 |  |
|---------------------|--------------------------|-------------------|------------------|--|
| Fill in this infor  | mation to identify your  | case:             |                  |  |
| Debtor 1            | Daphne J Payton          |                   |                  |  |
|                     | First Name               | Middle Name       | Last Name        |  |
| Debtor 2            |                          |                   |                  |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name        |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |  |
| Case number         |                          |                   |                  |  |

☐ Check if this is an amended filing

### Official Form 106Sum

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Dos | Summarina Vaur Acceta  |              |                               |
|-----|--|--------------|-------------------------------|
| Pal | t1: Summarize Your Assets  | Your as      | ssets<br>of what you own      |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$           | 0.00                          |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$           | 9,559.59                      |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$           | 9,559.59                      |
| Par | t 2: Summarize Your Liabilities  |              |                               |
|     |  |              | <b>abilities</b><br>t you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$           | 2,990.12                      |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$           | 0.00                          |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$           | 10,414.00                     |
|     | Your total liabilities   | \$           | 13,404.12                     |
| Par | t 3: Summarize Your Income and Expenses  |              |                               |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$           | 2,102.31                      |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$           | 2,041.00                      |
| Par | t 4: Answer These Questions for Administrative and Statistical Records   |              |                               |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                   | ır other sch | nedules.                      |
| 7.  | ■ Yes What kind of debt do you have?   |              |                               |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a   | a personal   | family, or                    |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_3,124.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim |      |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

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Document Page 10 of 43 Fill in this information to identify your case and this filing: Debtor 1 **Daphne J Payton** Middle Name First Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? Part 2: **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Nissan Make: Who has an interest in the property? Check one 3 1 the amount of any secured claims on Schedule D: **Altima** Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2007 Debtor 2 only Current value of the Current value of the 100.000 Approximate mileage: entire property? Debtor 1 and Debtor 2 only portion you own? Other information: ☐ At least one of the debtors and another \$2,000.00 \$2,000.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No □ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$2,000.00 pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

Official Form 106A/B Schedule A/B: Property claims or exemptions.

| Debtor 1                | Daphne J Payton  Document Page 11 of 43  Case number (if known)  | Desc Main  |
|-------------------------|--|--|
| ■ Yes                   | Describe   |  |
| . 00.                   | Misc. Household Goods and Furniture of Debtor  | \$850.00   |
|                         | MISC. Household Goods and Furniture of Deptor  | <del></del>  |
| □ No                    | hics les: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music co including cell phones, cameras, media players, games  Describe      | illections; electronic devices   |
|                         | Cell Phone, TV   | \$300.00   |
| Examp                   | bles of value les: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, other collections, memorabilia, collectibles  Describe | or baseball card collections;  |
| Examp  No               | ent for sports and hobbies les: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes a musical instruments  Describe                 | nd kayaks; carpentry tools;  |
| 10. Firear              | ns   |  |
| ■ No                    | oles: Pistols, rifles, shotguns, ammunition, and related equipment  Describe   |  |
| □ No                    | s coles: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  Describe  |  |
|                         | Used Clothing of Debtor  | \$500.00   |
| ■ No □ Yes.  13. Non-fa | y  bles: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, go  Describe  rm animals  bles: Dogs, cats, birds, horses                    | old, silver  |
| ☐ Yes.                  | Describe   |  |
| ■ No                    | her personal and household items you did not already list, including any health aids you did not list  Give specific information   |  |
|                         | the dollar value of all of your entries from Part 3, including any entries for pages you have attached art 3. Write that number here   | \$1,650.00   |
|                         | scribe Your Financial Assets   |  |
| no Aon o                | vn or have any legal or equitable interest in any of the following?  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |

Official Form 106A/B Schedule A/B: Property page 2

|     |   | Case 18-05  | 5112   | Doc 1   | Filed 02         |                                   |  | Desc Main                     |
|-----|---|---|--|---|------------------|-----------------------------------|--|-------------------------------|
| De  | ebtor 1   | Daphne J Pay  | ton  |   | Docun            | nent                              | Page 12 of 43 Case number (if known)   |                               |
|     | ■ No  | les: Money you ha                                       |  |   |                  |                                   | osit box, and on hand when you file your petitio   | חכ                            |
|     | Examp<br>_  |   |  |   |                  |                                   | of deposit; shares in credit unions, brokerage h<br>titution, list each.   | nouses, and other similar     |
|     | □ No<br>■ Yes   |   |  |   | I                | nstitution r                      | name:  |                               |
|     |   |   | 17.1.  |   |                  | Newmark<br>Balance                | Credit Union Checking - Zero   | \$0.00                        |
|     |   |   | 17.2.  |   |                  |                                   | Credit Union Savings<br>x Refund   | \$2,000.00                    |
|     | Examp<br>□ No<br>□                                    | mutual funds, or<br>les: Bond funds, in                 | vestmer  |   | ith brokerage    | firms, mor                        | ney market accounts  |                               |
|     |   |   |  | Amazon Sto  | ock              |                                   |  | \$2,009.59                    |
| 20. | joint ve  No  Yes.  Govern Negotia Non-ne  No  Yes. ( | Give specific information and corporable instruments in | mation a<br>Nam<br>ate bond<br>clude pe<br>ofts are the<br>nation at | bout theme of entity:  ds and other ersonal check nose you can bout them er name: | negotiable a     | <b>and non-n</b> o<br>hecks, proi | % of ownership: egotiable instruments missory notes, and money orders. by signing or delivering them.                                  | t in an EEG, partnership, and |
|     | Examp<br>□ No<br>-                                    | les: Interests in IR                                    | A, ERIS  | A, Keogh, 40 <sup>-</sup>   | 1(k), 403(b), tl | hrift saving                      | s accounts, or other pension or profit-sharing   | plans                         |
|     | ■ Yes. l  | ist each account s                                      | •  | ly.<br>f account:   | I                | nstitution r                      | name:  |                               |
|     |   |   |  |   |                  | 101 (k) Th                        | nrough Employer  | Unknown                       |
|     | Your sh<br><i>Examp</i><br>□ No                       |   | deposits   | you have ma   | rent, public u   | tilities (elec                    | tinue service or use from a company<br>ctric, gas, water), telecommunications compan<br>name or individual:<br>andlord - Richard Welch | nies, or others<br>\$1,900.00 |
|     |   |   |  |   |                  | Telu by L                         | andioru - Nicharu Welch  | <u>\$1,900.00</u>             |
|     | ■ No  | `   | ·  |   |                  | u, either foi                     | r life or for a number of years)   |                               |
|     | ☐ Yes   |   |  | and descript  |                  |                                   |  |                               |
|     |   | s in an education<br>C. §§ 530(b)(1), 52                |  |   | in a qualified   | ABLE pro                          | ogram, or under a qualified state tuition pro  | gram.                         |

|                     | Case 18-05112  | Doc 1                        | Filed 02/25/18             | Entered 02/25/18 13:34:31                              | Desc Main   |
|---------------------|--|------------------------------|----------------------------|--|---|
| Debtor 1            | Daphne J Payton  |                              | Document                   | Page 13 of 43 Case number (if known)                   |   |
| ☐ Yes               | Institution na   | me and descr                 | iption. Separately file th | ne records of any interests.11 U.S.C. § 521(c          | ·):   |
| ■ No                | s, equitable or future intere  |                              | ty (other than anythin     | g listed in line 1), and rights or powers ex           | rercisable for your benefit   |
| <i>Exam</i><br>■ No | ts, copyrights, trademarks nples: Internet domain names . Give specific information a                          | s, websites, pro             |                            |  |   |
| Exam<br>■ No        | ses, franchises, and other nples: Building permits, exclu . Give specific information a                        | sive licenses,               |                            | n holdings, liquor licenses, professional licen        | ses   |
| Money or            | r property owed to you?  |                              |                            |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No                | efunds owed to you  . Give specific information ab   | oout them, incl              | uding whether you alre     | ady filed the returns and the tax years                |   |
| ■ No                |  |                              | sal support, child suppo   | ort, maintenance, divorce settlement, propert          | ty settlement   |
| Exam<br>■ No        | amounts someone owes ynples: Unpaid wages, disabilibenefits; unpaid loans . Give specific information          | ty insurance p               |                            | efits, sick pay, vacation pay, workers' compo          | ensation, Social Security   |
|                     | sts in insurance policies aples: Health, disability, or life   | e insurance; he              | ealth savings account (l   | HSA); credit, homeowner's, or renter's insura          | ance  |
| ■ Yes               | . Name the insurance compa<br>Com  | any of each po<br>pany name: | licy and list its value.   | Beneficiary:   | Surrender or refund value:  |
|                     | Life<br>Tern   |                              | Through Employer -         |  | Unknown   |
| If you some         | nterest in property that is d<br>are the beneficiary of a living<br>one has died.  . Give specific information |                              |                            | od<br>surance policy, or are currently entitled to red | ceive property because  |
| Exam<br>■ No        | s against third parties, who apples: Accidents, employmen  |                              |                            | it or made a demand for payment<br>to sue              |   |
| 34. Other ■ No      |  | ed claims of e               | every nature, including    | g counterclaims of the debtor and rights t             | to set off claims   |

|        |        | Case 18-05112  | Doc 1               | Filed 02/25/18<br>Document  | Entered 02<br>Page 14 of | 2/25/18 13:34:31         | Desc Main              |
|--------|--------|--|---------------------|-----------------------------|--------------------------|--------------------------|------------------------|
| Debte  | or 1   | Daphne J Payton  |                     | Document                    |                          | Case number (if known)   |                        |
|        | •      | nancial assets you did not                                   | t already list      |                             |                          |                          |                        |
|        | No     |  |                     |                             |                          |                          |                        |
|        | Yes.   | Give specific information                                    |                     |                             |                          |                          |                        |
|        |        | the dollar value of all of yo<br>art 4. Write that number h  |                     |                             |                          |                          | \$5,909.59             |
| Part 5 | 5: De  | scribe Any Business-Related                                  | Property You        | Own or Have an Interest I   | n. List any real esta    | te in Part 1.            |                        |
|        | -      | own or have any legal or equi                                | itable interest     | in any business-related p   | roperty?                 |                          |                        |
|        | No. Go | to Part 6.   |                     |                             |                          |                          |                        |
|        | Yes. ( | Go to line 38.   |                     |                             |                          |                          |                        |
| Part 6 | 6: De  | scribe Any Farm- and Commo                                   | ercial Fishing-     | Related Property You Ow     | n or Have an Interes     | et In.                   |                        |
|        | If y   | ou own or have an interest in fa                             | armland, list it ir | n Part 1.                   |                          |                          |                        |
|        | •      | ı own or have any legal or                                   | r equitable in      | terest in any farm- or o    | commercial fishin        | g-related property?      |                        |
|        | No.    | Go to Part 7.  |                     |                             |                          |                          |                        |
|        | ☐ Yes  | . Go to line 47.   |                     |                             |                          |                          |                        |
| Part 7 | 7-     | Describe All Property You                                    | Own or Have a       | an Interest in That You Did | I Not I ist Ahove        |                          |                        |
|        |        |  |                     |                             | THOU EIGH ABOVO          |                          |                        |
|        |        | I have other property of an<br>oles: Season tickets, country |                     |                             |                          |                          |                        |
|        | No ,   |  | •                   | •                           |                          |                          |                        |
|        | Yes.   | Give specific information                                    |                     |                             |                          |                          |                        |
| 54     | Add 1  | the dollar value of all of yo                                | our entries fr      | om Part 7. Write that n     | umber here               |                          | \$0.00                 |
| •      |        |  |                     |                             |                          |                          |                        |
| Part 8 | B:     | List the Totals of Each Part                                 | of this Form        |                             |                          |                          |                        |
| 55.    | Part ' | 1: Total real estate, line 2                                 |                     |                             |                          |                          | \$0.00                 |
| 56.    | Part 2 | 2: Total vehicles, line 5                                    |                     |                             | \$2,000.00               |                          |                        |
| 57.    | Part 3 | 3: Total personal and hou                                    | sehold items        | s, line 15                  | \$1,650.00               |                          |                        |
| 58.    | Part 4 | 4: Total financial assets, li                                | ine 36              |                             | \$5,909.59               |                          |                        |
| 59.    | Part ! | 5։ Total business-related լ                                  | property, line      | e 45<br>                    | \$0.00                   |                          |                        |
|        |        | 6: Total farm- and fishing-                                  |                     |                             | \$0.00                   |                          |                        |
| 61.    | Part 7 | 7: Total other property not                                  | t listed, line      | 54 +                        | \$0.00                   |                          |                        |
| 62.    | Total  | personal property. Add lin                                   | nes 56 throug       | h 61                        | \$9,559.59               | Copy personal property t | otal <b>\$9,559.59</b> |
| 63.    | Total  | of all property on Schedu                                    | ule A/B. Add        | line 55 + line 62           |                          |                          | \$9,559.59             |

Official Form 106A/B Schedule A/B: Property page 5

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|                     |                          | DOM:              | .III        |  |
|---------------------|--------------------------|-------------------|-------------|--|
| Fill in this infor  | rmation to identify your | case:             |             |  |
| Debtor 1            | Daphne J Payton          |                   |             |  |
|                     | First Name               | Middle Name       | Last Name   |  |
| Debtor 2            |                          |                   |             |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number         |                          |                   |             |  |
| (if known)          |                          |                   |             |  |
|                     |                          |                   |             |  |

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the Pro | perty You | Claim as | Exempt |
|---------|----------|---------|-----------|----------|--------|
|---------|----------|---------|-----------|----------|--------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the<br>portion you own | Amo | ount of the exemption you claim                                 | Specific laws that allow exemption |  |
|--|---|-----|---|------------------------------------|--|
|  | Copy the value from<br>Schedule A/B     | Che | ck only one box for each exemption.                             |                                    |  |
| 2007 Nissan Altima 100,000 miles<br>Line from Schedule A/B: 3.1                        | \$2,000.00                              |     | \$2,400.00  | 735 ILCS 5/12-1001(c)              |  |
| Ellie Holli Genedale A.E. G  |   |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Used Clothing of Debtor Line from Schedule A/B: 11.1                                   | \$500.00                                |     | \$500.00  | 735 ILCS 5/12-1001(a)              |  |
| Line IIIII Schedule A/B. 1111  |   |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| NuMark Credit Union Savings<br>Holds Tax Refund  | \$2,000.00                              |     | \$1,990.41  | 735 ILCS 5/12-1001(b)              |  |
| Line from Schedule A/B: 17.2   |   |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Amazon Stock Line from Schedule A/B: 18.1  | \$2,009.59                              |     | \$2,009.59  | 735 ILCS 5/12-1001(b)              |  |
| Line Holli Schedule A/B. 10.1  |   |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 401 (k) Through Employer Line from Schedule A/B: 21.1                                  | Unknown                                 |     | Unknown   | 735 ILCS 5/12-1006                 |  |
| LINE HOITI SCHEUUR AVD. 21.1   |   |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |

Page 16 of 43 Document **Daphne J Payton** Debtor 1 Case number (if known) Brief description of the property and line on *Schedule A/B* that lists this property Current value of the Amount of the exemption you claim Specific laws that allow exemption portion you own Copy the value from Check only one box for each exemption. Schedule A/B Held by Landlord - Richard Welch 735 ILCS 5/12-901 \$1,900.00 \$1,900.00 Line from Schedule A/B: 22.1 100% of fair market value, up to any applicable statutory limit Life Insurance Through Employer -215 ILCS 5/238 \$0.00 Unknown Term Line from Schedule A/B: 31.1 100% of fair market value, up to any applicable statutory limit

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| 3. | Are you claiming a homestead exemption of more than \$160,375?  |
|----|---|
|    | (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) |
|    | ■ No  |

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

Case 18-05112

Doc 1

| C                               | ase 18-05112  | Doc 1               | Filed 02/25/2<br>Document             | 18 Enter<br>Page 1   | ed 02/25/18 13:3<br>7 of 43                               | 4:31 De         | esc Main   |
|---------------------------------|---|---------------------|---------------------------------------|----------------------|---|-----------------|--|
| Fill in this info               | rmation to identify you   | ır case:            |                                       |                      |   |                 |  |
| Debtor 1                        | Daphne J Payto  | n                   |                                       |                      |   |                 |  |
|                                 | First Name  |                     | iddle Name                            | Last Name            |   |                 |  |
| Debtor 2<br>(Spouse if, filing) | First Name  | Mi                  | iddle Name                            | Last Name            |   |                 |  |
| United States E                 | Bankruptcy Court for the  | NORTI               | HERN DISTRICT OF                      | ILLINOIS             |   |                 |  |
| Case number<br>(if known)       |   |                     |                                       |                      |   |                 | Check if this is an amended filing               |
| Official For                    |   | : Who               | Have Claims                           | s Secure             | d by Property   | ,               | 12/15  |
|                                 | he Additional Page, fill it   |                     |                                       |                      | qually responsible for sup<br>On the top of any additiona |                 | information. If more space<br>your name and case |
| •                               | rs have claims secured b  | v vour prope        | ertv?                                 |                      |   |                 |  |
|                                 | •   |                     | -                                     | har echadulas        | You have nothing else to                                  | report on this  | form   |
|                                 |   |                     | ine court with your of                | ner senedales.       | Tod flave flottilling clac to                             | report on this  | TOTTI.   |
|                                 | in all of the information   | below.              |                                       |                      |   |                 |  |
| Part 1: List                    | All Secured Claims  |                     |                                       |                      | . Column A  | Column B        | Column C   |
| for each claim. If              | ed claims. If a creditor has a more than one creditor has a, list the claims in alphabeti | a particular        | claim, list the other cred            | litors in Part 2. As | Amount of claim Do not deduct the                         | Value of collat | teral Unsecured this portion                     |
| 2.1 Auto La                     | nd. Inc   | Describe t          | the property that secur               | es the claim:        | value of collateral. \$2,990.12                           | claim \$2,00    | If any <b>\$990.12</b>                           |
| Creditor's Na                   |   |                     | ssan Altima 100,0                     |                      | <u> </u>  | Ψ2,00           | <u> </u>   |
|                                 | roadway St<br>ill, IL 60403   | As of the capply.   | date you file, the claim              | is: Check all that   |   |                 |  |
| Number, Stre                    | eet, City, State & Zip Code   | ☐ Unliqui           | dated                                 |                      |   |                 |  |
| Who owes the                    | debt? Check one.  | ☐ Dispute Nature of | ed<br><b>lien.</b> Check all that app | ly.                  |   |                 |  |
| ■ Debtor 1 only ■ Debtor 2 only |   | An agre             | eement you made (such<br>an)          | as mortgage or s     | ecured  |                 |  |
| Debtor 1 and                    | Debtor 2 only   | ☐ Statuto           | ry lien (such as tax lien,            | mechanic's lien)     |   |                 |  |
|                                 | f the debtors and another   | ☐ Judgme            | ent lien from a lawsuit               | ,                    |   |                 |  |
| ☐ Check if this community       | claim relates to a<br>debt  | Other (i            | including a right to offset           | t)                   |   |                 |  |
| Data daht was i                 |   | 1 00                | u 4 dimita af agagumt m               |                      |   |                 |  |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$2,990.12

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$2,990.12

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|  | Case 18-05112 L  | Docum   |  | 13.34.31 Des  | Civialli                       |
|--|--|---|--|---|--------------------------------|
| Fill in this i   | information to identify your                                   |   | TEIL PAUE 18 01 43   |   |                                |
|  |  |   |  |   |                                |
| Debtor 1   | Daphne J Payton First Name                                     | Middle Name   | Last Name  |   |                                |
| Debtor 2   | T HOL Flame  | made Hame   | <u> </u>   |   |                                |
| (Spouse if, filing   | g) First Name  | Middle Name   | Last Name  |   |                                |
| United State   | es Bankruptcy Court for the:                                   | NORTHERN DISTRI   | CT OF ILLINOIS   |   |                                |
| Case numb  | or   |   |  |   |                                |
| (if known)   | <u> </u>   |   |  | ПС  | heck if this is an             |
|  |  |   |  | ar  | nended filing                  |
|  |  |   |  |   |                                |
|  | Form 106E/F  |   |  |   |                                |
| Schedu   | le E/F: Creditors W  | ho Have Unse  | cured Claims   |   | 12/15                          |
| Schedule G: 1<br>Schedule D: 0<br>eft. Attach th<br>name and cas | Executory Contracts and Unexp<br>Creditors Who Have Claims Sec | ired Leases (Official Foruured by Property. If more<br>ge. If you have no informa | im. Also list executory contracts on Sched<br>m 106G). Do not include any creditors with<br>e space is needed, copy the Part you need,<br>ation to report in a Part, do not file that Part | partially secured claims t<br>fill it out, number the ent | that are listed in ries in the |
|  | creditors have priority unsecure                               |   |  |   |                                |
| _ `  | Go to Part 2.  |   |  |   |                                |
| ☐ Yes.   | 70 10 1 411 21   |   |  |   |                                |
|  | ist All of Your NONPRIORIT                                     | Y Unsecured Claims  |  |   |                                |
|  | creditors have nonpriority unsec                               |   | ?  |   |                                |
| _ `  | ou have nothing to report in this p                            |   |  |   |                                |
| Yes.   |  |   | ·  |   |                                |
| unsecure   | ed claim, list the creditor separately                         | y for each claim. For each  | order of the creditor who holds each claim. claim listed, identify what type of claim it is. Do art 3.If you have more than three nonpriority un   | not list claims already incl                              | uded in Part 1. If more        |
|  |  |   |  |   | Total claim                    |
| 4.1 <b>Cit</b>   | y Center Healthcare  | Last 4 di   | gits of account number   |   | \$371.00                       |
| Non  | priority Creditor's Name  N. Ottawa Street                     | When wa   | as the debt incurred?  | -<br>-  | **                             |
|  | liet, IL 60432   |   | -  |   |                                |
|  | nber Street City State Zlp Code                                | As of the   | date you file, the claim is: Check all that app  | ply   |                                |
| Who  | o incurred the debt? Check one.                                |   |  |   |                                |
| <b>=</b> [   | Debtor 1 only  | ☐ Contin  | igent  |   |                                |
|  | Debtor 2 only  | ☐ Unliqu  | idated   |   |                                |
|  | Debtor 1 and Debtor 2 only                                     | ☐ Disput  | ted  |   |                                |
|  | At least one of the debtors and and                            | _   | NONPRIORITY unsecured claim:   |   |                                |
|  | Check if this claim is for a com                               | munity  | nt loans   |   |                                |
| deb  | t<br>ne claim subject to offset?                               |   | ations arising out of a separation agreement or<br>priority claims   | divorce that you did not                                  |                                |
| is ti  |  | · ·   | to pension or profit-sharing plans, and other s  | imilar dehts  |                                |
|  |  |   |  | irimai uebis  |                                |
|  | Yes  | Other   | Specify Medical  |   |                                |

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| Debtor                | 1 Daphne                     | J Payton                                 | —————   | Case r     | number (if    | know)               |                |                     |
|-----------------------|------------------------------|--|---|------------|---------------|---------------------|----------------|---------------------|
|                       | Robert Wal                   |  | Last 4 digits of account number   | R779       | )             | _                   |                | \$10,043.00         |
|                       | 2215 Enterp<br>Suite 1512    |  | When was the debt incurred?   |            |               |                     |                |                     |
|                       | Westcheste                   | er, IL 60154                             |   |            |               |                     |                |                     |
| -                     | Number Street                | City State Zlp Code                      | As of the date you file, the claim  | is: Check  | k all that ap | oply                |                |                     |
|                       | Who incurred                 | the debt? Check one.                     |   |            |               |                     |                |                     |
|                       | Debtor 1 on                  | ly                                       | ☐ Contingent  |            |               |                     |                |                     |
|                       | Debtor 2 on                  | ly                                       | ☐ Unliquidated  |            |               |                     |                |                     |
|                       | Debtor 1 an                  | d Debtor 2 only                          | ☐ Disputed  |            |               |                     |                |                     |
|                       | _                            | of the debtors and another               | Type of NONPRIORITY unsecure  | d claim:   |               |                     |                |                     |
|                       |                              | is claim is for a community              | ☐ Student loans   |            |               |                     |                |                     |
|                       | debt                         | io ciami io ioi a community              | ☐ Obligations arising out of a sepa   | aration ac | greement o    | or divorce that you | did not        |                     |
|                       | Is the claim su              | bject to offset?                         | report as priority claims   |            |               | •                   |                |                     |
|                       | ■ No                         |  | Debts to pension or profit-sharing  | ng plans,  | and other     | similar debts       |                |                     |
|                       | ☐ Yes                        |  | Other. Specify Collection   | - Gate     | way Fin       | ancial              |                |                     |
| 4.3                   | Steven San                   | atolin                                   | Last 4 digits of account number   |            |               |                     |                | Unknown             |
|                       | Nonpriority Cre              |  | Last 4 digits of account number   |            |               | _                   |                | Ulikilowii          |
|                       | 2145 W. Jet<br>Joliet, IL 60 | fferson                                  | When was the debt incurred?   |            |               |                     |                |                     |
|                       |                              | City State Zlp Code the debt? Check one. | As of the date you file, the claim  | is: Check  | k all that ap | oply                |                |                     |
|                       | Debtor 1 on                  | lv                                       | ☐ Contingent  |            |               |                     |                |                     |
|                       | Debtor 2 on                  | •  | ☐ Unliquidated  |            |               |                     |                |                     |
|                       |                              | ·  | _ '   |            |               |                     |                |                     |
|                       | _                            | d Debtor 2 only                          | ☐ Disputed  Type of NONPRIORITY unsecure  | d claim:   |               |                     |                |                     |
|                       | _                            | of the debtors and another               | ☐ Student loans   | u ciaiiii. |               |                     |                |                     |
|                       | ☐ Check if the debt          | is claim is for a community              |   |            |               | r a                 | r              |                     |
|                       |                              | bject to offset?                         | ☐ Obligations arising out of a separe report as priority claims                       | aration ag | greement c    | or divorce that you | did not        |                     |
|                       | ■ No                         | •  | Debts to pension or profit-sharing  | ng plans.  | and other     | similar debts       |                |                     |
|                       | ☐ Yes                        |  | Other. Specify  | .g p.ao,   | aa oo.        | ommar dobto         |                |                     |
|                       | _                            |  | . ,   |            |               |                     |                |                     |
| Part 3:               |                              | s to Be Notified About a Debt            | : That You Already Listed<br>out your bankruptcy, for a debt that y                   | vou alroa  | dy listad     | in Parts 1 or 2 Fo  | or oxample, if | collection agency   |
| is tryir<br>have n    | ng to collect from           | om you for a debt you owe to son         | neone else, list the original creditor in<br>you listed in Parts 1 or 2, list the add | Parts 1    | or 2, then    | list the collection | n agency here  | . Similarly, if you |
|                       | _                            | mounts for Each Type of Uns              |   |            |               |                     |                |                     |
| Part 4:<br>6. Total t |                              |  | ns. This information is for statistical r   | eporting   | purposes      | s only. 28 U.S.C. § | 159. Add the   | amounts for each    |
| type o                | of unsecured cla             | aim.                                     |   |            |               |                     |                |                     |
|                       | 60                           | Demostic support obligations             |   | 60         | •             | Total Claim         | 0.00           |                     |
|                       | 6a.<br>Fotal<br>aims         | Domestic support obligations             |   | 6a.        | \$            |                     | 0.00           |                     |
| from Pa               | art 1 6b.                    | Taxes and certain other debts            | you owe the government  | 6b.        | \$            |                     | 0.00           |                     |
|                       | 6c.                          | · · · · · · · · · · · · · · · · · · ·    | jury while you were intoxicated   | 6c.        | \$            |                     | 0.00           |                     |
|                       | 6d.                          | Other. Add all other priority unse       | cured claims. Write that amount here.   | 6d.        | \$            |                     | 0.00           |                     |
|                       | 6e.                          | Total Priority. Add lines 6a throu       | ıgh 6d.   | 6e.        | \$            |                     | 0.00           |                     |
|                       |                              |  |   |            |               |                     |                |                     |
|                       | 6f.                          | Student loans                            |   | 6f.        | \$            | Total Claim         | 0.00           |                     |
| Т                     | Fotal                        |  |   | ٠          | Ψ             |                     | 0.00           |                     |
| cla                   | aims                         | Oblimation                               |   |            |               |                     |                |                     |
| from Pa               | <b>art 2</b> 6g.             | you did not report as priority c         | paration agreement or divorce that laims  | 6g.        | \$            |                     | 0.00           |                     |
|                       | 6h.                          |  | ing plans, and other similar debts  | 6h.        | \$            |                     | 0.00           |                     |

Other. Add all other nonpriority unsecured claims. Write that amount

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> here. 10,414.00

Total Nonpriority. Add lines 6f through 6i.

10,414.00

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|   |                         |                   | <u> </u>    |                 |
|---|-------------------------|-------------------|-------------|-----------------|
| Fill in this infor                      | mation to identify your | case:             |             |                 |
| Debtor 1                                | Daphne J Payton         |                   |             |                 |
|   | First Name              | Middle Name       | Last Name   |                 |
| Debtor 2                                |                         |                   |             |                 |
| (Spouse if, filing)                     | First Name              | Middle Name       | Last Name   |                 |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT | OF ILLINOIS |                 |
| Case number                             |                         |                   |             |                 |
| (if known)                              |                         |                   |             | ☐ Check if this |
|   |                         |                   |             | amended filin   |

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | whom you have the<br>r, Street, City, State and ZIP ( | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.2 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | <del></del>                             |
| 2.3 | -         |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   |   |
|     | City      |              | State   | ZIP Code          |   |
| 2.4 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          |   |
| 2.5 |           |              |   |                   |   |
|     | Name      |              |   |                   |   |
|     | Number    | Street       |   |                   |   |
|     | City      |              | State   | ZIP Code          | <del>_</del>                            |
|     | •         |              |   |                   |   |

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|                                    |   | Docume   | nt Page 22 o  | f 43   |                                      |
|------------------------------------|---|--|---|--|--------------------------------------|
| Fill in this                       | information to identify your o  | ase:   |   |  |                                      |
| Debtor 1                           | Daphne J Payton   |  |   |  |                                      |
|                                    | First Name  | Middle Name  | Last Name   |  |                                      |
| Debtor 2<br>(Spouse if, filir      | ng) First Name  | Middle Name  | Last Name   |  |                                      |
|                                    |   | NORTHERN DISTRICT  |   |  |                                      |
| United Sta                         | tes Bankruptcy Court for the:   | NORTHERN DISTRICT  | OF ILLINOIS   |  |                                      |
| Case numb<br>(if known)            | ber   |  |   | Г  | ☐ Check if this is an amended filing |
| O((; - ; - )                       | I = 400I I  |  |   |  |                                      |
|                                    | I Form 106H   |  |   |  |                                      |
| Sched                              | lule H: Your Code   | ebtors   |   |  | 12/15                                |
| 1. Do y No Yes  2. With Arizon No. | hin the last 8 years, have you a, California, Idaho, Louisiana, Go to line 3. | ou are filing a joint case, on the filing a joint case, on the filing a joint case, on the filing are filing as a joint case, on the filing are filing as a joint case, on the filing are filing as a joint case, on the filing are filing as a joint case, on the filing a joint case, on | do not list either spouse  operty state or territory erto Rico, Texas, Washin | <b>y?</b> (Community property states a   | and territories include              |
| 3. In Colin line                   | 2 again as a codebtor only if   | ors. Do not include your<br>that person is a guaran  | spouse as a codebtor<br>tor or cosigner. Make s                               | if your spouse is filing with youre you have listed the credit<br>6G). Use Schedule D, Schedul | tor on Schedule D (Official          |
|                                    | Column 1: Your codebtor<br>Name, Number, Street, City, State and ZIF          | <sup>2</sup> Code  |   | Column 2: The creditor to Check all schedules that ap  | •                                    |
| 3.1                                | Name  |  |   | ☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line                                     |                                      |
|                                    | Number Street<br>City   | State  | ZIP Code  | _  |                                      |
| 3.2                                |   |  |   | ☐ Schedule D, line   |                                      |
|                                    | Name  |  |   | ☐ Schedule E/F, line ☐ Schedule G, line ☐  |                                      |
| -                                  | Number Street   |  |   | _  |                                      |

State

City

ZIP Code

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| E:11        | in this information to                       | :-14:6   |   |                                  |            |                | •                           |                      |                        |                        |          |
|-------------|--|--|---|----------------------------------|------------|----------------|-----------------------------|----------------------|------------------------|------------------------|----------|
|             | in this information to btor 1                | Daphne J Pa                                    |   |                                  |            |                |                             |                      |                        |                        |          |
|             | btor 2  ouse, if filing)                     |  |   |                                  |            | _              |                             |                      |                        |                        |          |
| Un          | ited States Bankruptc                        | y Court for the:                               | NORTHERN DISTRIC  | CT OF ILLINOIS                   |            |                |                             |                      |                        |                        |          |
| _           | se number<br>                                |  |   |                                  |            |                |                             | mended<br>oplemen    | nt showing             | g postpetition         |          |
| <u>O</u>    | fficial Form ?                               | <u> 1061</u>                                   |   |                                  |            |                | MM /                        | DD/ YY               | ΥY                     |                        |          |
| S           | chedule I: Y                                 | our Inco                                       | ome   |                                  |            |                |                             |                      |                        |                        | 12/1     |
| spo<br>atta | use. If you are separ<br>ch a separate sheet | rated and you<br>to this form. (<br>Employment | are married and not filir<br>r spouse is not filing w<br>On the top of any additi | ith you, do not incl             | ude infor  | mati           | on about you<br>d case numb | ur spou<br>er (if kr | ise. If mo<br>nown). A | re space is            | needed,  |
|             | If you have more th                          | an one ioh                                     |   | ■ Employed                       |            |                |                             | Employ               |                        | <b>9</b> -p            |          |
|             | attach a separate p information about a      | age with                                       | Employment status   | ☐ Not employed                   |            | ☐ Not employed |                             |                      |                        |                        |          |
|             | employers.                                   |  | Occupation  | Laborer                          |            |                |                             |                      |                        |                        |          |
|             | Include part-time, s<br>self-employed work   |  | Employer's name   | Amazon                           |            |                |                             |                      |                        |                        |          |
|             | Occupation may incor homemaker, if it        |  | Employer's address  | 202 Westlake A<br>Seattle, WA 98 |            |                |                             |                      |                        |                        |          |
|             |  |  | How long employed t   | here? 2 year                     | s          |                |                             |                      |                        |                        |          |
| Pa          | rt 2: Give Deta                              | ils About Mon                                  | thly Income   |                                  |            |                |                             |                      |                        |                        |          |
|             | imate monthly incon<br>use unless you are se |  | ate you file this form. If  | you have nothing to              | report for | any            | line, write \$0             | in the s             | pace. Inc              | lude your no           | n-filing |
|             | ou or your non-filing spressed a sep         |  | re than one employer, co<br>this form.  | ombine the informati             | on for all | empl           | oyers for that              | person               | on the lin             | nes below. If          | you need |
|             |  |  |   |                                  |            |                | For Debtor                  | 1                    |                        | otor 2 or<br>ng spouse |          |
| 2.          |  |  | y, and commissions (balculate what the monthle                                    |                                  | 2.         | \$             | 2,852                       | 2.59                 | \$                     | N/A                    |          |
| 3.          | Estimate and list r                          | monthly overti                                 | me pay.   |                                  | 3.         | +\$            |                             | 0.00                 | +\$                    | N/A                    |          |
| 4.          | Calculate gross In                           | come. Add lin                                  | e 2 + line 3.   |                                  | 4.         | \$             | 2,852.5                     | 59                   | \$                     | N/A                    |          |

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| Deb | tor 1   | Daphne J Payton   |                                  |                | Case                    | number (if k | nown)  | ) _                   |                                  |                     |  |                  |
|-----|---|---|----------------------------------|----------------|-------------------------|--------------|--|-----------------------|----------------------------------|---------------------|--|------------------|
|     |   |   |                                  |                | For                     | Debtor 1     |  |                       |                                  | Debtor<br>-filing s |  |                  |
|     | Cop   | y line 4 here   | 4.                               |                | \$_                     | 2,85         | 2.59   | )                     | \$                               | 9                   | N/A                                    | _                |
| 5.  | List  | all payroll deductions:   |                                  |                |                         |              |  |                       |                                  |                     |  |                  |
|     | 5a.<br>5b.<br>5c.<br>5d.<br>5e.<br>5f.<br>5g. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues  | 56<br>50<br>50<br>56<br>56<br>5f | o.<br>d.<br>e. | \$ \$ \$ \$ \$ \$ \$ \$ | 11<br>7:     | 7.12<br>0.00<br>4.10<br>0.00<br>9.06<br>0.00 | )<br>)<br>)<br>)<br>) | \$<br>\$ \$ \$ \$ \$ \$ \$ \$ \$ |                     | N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A | -<br>-<br>-<br>- |
|     | 5h.   | Other deductions. Specify:  |                                  | 1.+            | \$_                     |              | 0.00   | _                     | - \$                             |                     | N/A                                    | _                |
| 6.  | Add   | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.                               |                | \$_                     | 75           | 0.28   | 3_                    | \$                               |                     | N/A                                    | <u>_</u>         |
| 7.  | Cald  | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.                               |                | \$_                     | 2,10         | 2.31   | _                     | \$                               |                     | N/A                                    | _                |
| 8.  | <b>List</b> 8a.                               | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends | 8a<br>8b                         |                | \$_<br>\$               |              | 0.00   |                       | \$                               |                     | N/A<br>N/A                             |                  |
|     | 8c.   | Family support payments that you, a non-filing spouse, or a dependent regularly receive   | OL                               | J.             | Φ_                      | '            | 0.00   | <u>'</u>              | Φ                                |                     | IN/A                                   | <u>-</u>         |
|     |   | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 80                               |                | \$                      |              | 0.00   | ,                     | \$                               |                     | N/A                                    |                  |
|     | 8d.   | Unemployment compensation   | 80                               |                | \$                      |              | 0.00   | _                     | \$_                              |                     | N/A                                    | _                |
|     | 8e.   | Social Security   | 86                               | €.             | \$                      | (            | 0.00   | )                     | \$                               |                     | N/A                                    | _                |
|     | 8f.<br>8g.                                    | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income    | 8f<br>8g                         |                | \$_<br>\$               |              | 0.00   | _                     | \$<br>\$                         |                     | N/A<br>N/A                             | _                |
|     | 8h.   | Other monthly income. Specify:  | _ 8h                             | 1.+            | \$                      | l            | 0.00   | ) +                   | - \$                             |                     | N/A                                    | _                |
| 9.  | Add   | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.                               |                | \$                      | (            | 0.00   | )                     | \$                               |                     | N/A                                    | A                |
| 10. |   | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.                              | \$_            |                         | 2,102.31     | +[   | \$_                   |                                  | N/A                 | = \$_                                  | 2,102.31         |
| 11. | Inclu<br>othe<br>Do r                         | e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a cify:                               | depe                             |                |                         | . •          |  |                       |                                  | Schedule<br>11.     |  | 0.00             |
| 12. |   | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies   |                                  |                |                         |              |  |                       |                                  | 12.                 | \$                                     | 2,102.31         |
| 13. | Doy   | you expect an increase or decrease within the year after you file this form   | ?                                |                |                         |              |  |                       |                                  | l                   | Combi<br>month                         | ned<br>ly income |
|     |   | No.<br>Yes Explain:   |                                  |                |                         |              |  |                       |                                  |                     |  |                  |

Official Form 106I Schedule I: Your Income page 2

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| Fill           | in this informa              | ition to identify yo                  | our case:              |   |  |                  |  |   |
|----------------|------------------------------|---------------------------------------|------------------------|---|--|------------------|--|---|
|                | otor 1                       | Daphne J Pa                           |                        |   |  | Chec             | ck if this is:                         |   |
|                |                              | Барине от а                           | усон                   |   |  |                  | An amended filing                      |   |
|                | otor 2<br>ouse, if filing)   |                                       |                        |   |  |                  | A supplement show<br>13 expenses as of | ving postpetition chapter the following date: |
| ``             |                              | . 0                                   | . NODTI                |   | OIC                                    | _                | MM / DD / YYYY                         |   |
| Unit           | ed States Banki              | ruptcy Court for the                  | : NORTE                | IERN DISTRICT OF ILLIN                                      | OIS                                    |                  | MIMI / DD / YYYY                       |   |
|                | e number<br>nown)            |                                       |                        |   |  |                  |  |   |
| Ľ              |                              |                                       |                        |   |  |                  |  |   |
| O <sup>1</sup> | fficial Fo                   | rm 106J                               |                        |   |  |                  |  |   |
|                |                              | J: Your                               | <br>Exper              | ises  |  |                  |  | 12/15   |
| Be<br>info     | as complete ormation. If m   | and accurate as                       | possible<br>eded, atta | . If two married people ar<br>ich another sheet to this     |  |                  |  |   |
| Par<br>1.      | t 1: Descr<br>Is this a joir | ribe Your House                       | ehold                  |   |  |                  |  |   |
| ••             | No. Go to                    |                                       |                        |   |  |                  |  |   |
|                | _                            |                                       | in a separ             | ate household?  |  |                  |  |   |
|                | □N                           |                                       |                        |   |  |                  |  |   |
|                | ЦΥ                           | es. Debtor 2 mus                      | st file Offici         | al Form 106J-2, Expenses                                    | s for Separate House                   | ehold of Deb     | tor 2.                                 |   |
| 2.             | Do you have                  | e dependents?                         | ☐ No                   |   |  |                  |  |   |
|                | Do not list D<br>Debtor 2.   | ebtor 1 and                           | ■ Yes.                 | Fill out this information for each dependent                | Dependent's relat<br>Debtor 1 or Debto |                  | Dependent's age                        | Does dependent live with you?                 |
|                | Do not state                 | the                                   |                        |   |  |                  |  | □ No  |
|                | dependents                   | names.                                |                        |   | Son                                    |                  | 9                                      | ■ Yes<br>□ No                                 |
|                |                              |                                       |                        |   | Son                                    |                  | 17                                     | ■ Yes   |
|                |                              |                                       |                        |   |  |                  | <del></del>                            | □No   |
|                |                              |                                       |                        |   | Daughter                               |                  | 21                                     | Yes   |
|                |                              |                                       |                        |   |  |                  |  | □ No<br>□ Yes                                 |
| 3.             | , ,                          | oenses include                        | . =                    | No  |  |                  |  | <b>—</b> 100                                  |
|                |                              | f people other t<br>d your depende    |                        | Yes   |  |                  |  |   |
| Par            |                              | ate Your Ongoi                        |                        | ly Expenses   |  |                  |  |   |
| Est<br>exp     | imate your ex                | cpenses as of y                       | our bankr              | uptcy filing date unless y<br>y is filed. If this is a supp |  |                  |  |   |
|                |                              |                                       |                        | government assistance i                                     |  |                  |  |   |
|                | ficial Form 10               |                                       | a nave inc             | cluded it on <i>Schedule I:</i> )                           | rour income                            |                  | Your exp                               | enses   |
|                | The vental a                 |                                       |                        |   | and the Control of the Control         |                  |  |   |
| 4.             |                              | or nome owners<br>and any rent for th |                        | ses for your residence. In<br>or lot.                       | nclude first mortgag                   | e<br>4. \$       |  | 850.00  |
|                | If not include               | led in line 4:                        |                        |   |  |                  |  |   |
|                | 4a. Real e                   | estate taxes                          |                        |   |  | 4a. \$           |  | 0.00  |
|                | •                            | rty, homeowner's                      |                        |   |  | 4b. \$<br>4c. \$ |  | 0.00  |
|                |                              | owner's associa                       | •                      | upkeep expenses<br>dominium dues                            |  | 40. \$           |  | 0.00  |
| 5.             |                              |                                       |                        | our residence, such as ho                                   | me equity loans                        | 5. \$            |  | 0.00  |

# 

| Debto        | Daphne J Payton  | Case num     | ber (if known) |                        |
|--------------|--|--------------|----------------|------------------------|
| 6. <b>l</b>  | Jtilities:   |              |                |                        |
| -            | Sa. Electricity, heat, natural gas   | 6a.          | \$             | 102.00                 |
|              | Sb. Water, sewer, garbage collection   | 6b.          |                | 60.00                  |
|              | Cc. Telephone, cell phone, Internet, satellite, and cable services   | 6c.          | •              | 99.00                  |
|              | d. Other. Specify:   | 6d.          | ·              | 0.00                   |
|              | Food and housekeeping supplies   | 7.           | \$             | 300.00                 |
|              | Childcare and children's education costs   | 8.           | \$             | 0.00                   |
|              | Clothing, laundry, and dry cleaning  |              | ·              | 60.00                  |
|              | Personal care products and services  | 10.          | ·              | 40.00                  |
|              | Medical and dental expenses  | 11.          | · -            |                        |
|              | •  | 11.          | Ψ              | 40.00                  |
|              | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.  | 12.          | \$             | 130.00                 |
|              | Entertainment, clubs, recreation, newspapers, magazines, and books   | 13.          | ·              | 10.00                  |
|              | Charitable contributions and religious donations   | 14.          | ·              | 0.00                   |
|              | nsurance.  | 17.          | Ψ              | 0.00                   |
| -            | Oo not include insurance deducted from your pay or included in lines 4 or 20.  |              |                |                        |
|              | 5a. Life insurance   | 15a.         | \$             | 0.00                   |
|              | 5b. Health insurance   | 15b.         | ·              | 0.00                   |
|              | 5c. Vehicle insurance  | 15c.         | ·              | 0.00                   |
|              | 5d. Other insurance. Specify:  | 15d.         | ·              | 0.00                   |
|              | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.   |              | <b>—</b>       | 0.00                   |
| 5            | Specify:   | 16.          | \$             | 0.00                   |
|              | nstallment or lease payments:<br>7a. Car payments for Vehicle 1  | 17a.         | ¢              | 350.00                 |
|              | • •  | 17a.<br>17b. | ·              |                        |
|              | 7b. Car payments for Vehicle 2   |              |                | 0.00                   |
|              | 7c. Other Specify:   | 17c.         | *              | 0.00                   |
|              | 7d. Other. Specify:  | 17d.         | <b>&gt;</b>    | 0.00                   |
|              | our payments of alimony, maintenance, and support that you did not report as leducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). |              | \$             | 0.00                   |
|              | Other payments you make to support others who do not live with you.  |              | \$             | 0.00                   |
|              | Specify:   | 19.          |                |                        |
|              | Other real property expenses not included in lines 4 or 5 of this form or on Sche  |              | our Income.    |                        |
|              | 20a. Mortgages on other property   | 20a.         |                | 0.00                   |
| 2            | 20b. Real estate taxes   | 20b.         | \$             | 0.00                   |
| 2            | 20c. Property, homeowner's, or renter's insurance  | 20c.         | \$             | 0.00                   |
|              | 20d. Maintenance, repair, and upkeep expenses  | 20d.         | \$             | 0.00                   |
|              | 20e. Homeowner's association or condominium dues   | 20e.         | · ·            | 0.00                   |
|              | Other: Specify:  | 21.          | ·              | 0.00                   |
|              | · ,  |              | .Ψ             | 0.00                   |
|              | Calculate your monthly expenses  |              |                | 0.044.05               |
|              | 22a. Add lines 4 through 21.   |              | \$             | 2,041.00               |
| 2            | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |              | \$             |                        |
| 2            | 2c. Add line 22a and 22b. The result is your monthly expenses.   |              | \$             | 2,041.00               |
| 3. (         | Calculate your monthly net income.   |              | L              |                        |
|              | 23a. Copy line 12 (your combined monthly income) from Schedule I.  | 23a.         | \$             | 2,102.31               |
|              | 23b. Copy your monthly expenses from line 22c above.   | 23b.         | · -            | 2,041.00               |
|              |  | - *-         | ·              |                        |
| 2            | 23c. Subtract your monthly expenses from your monthly income.  | 23c.         | \$             | 61.31                  |
|              | The result is your monthly net income.   | 230.         | *              |                        |
| 24. <b>[</b> | Oo you expect an increase or decrease in your expenses within the year after yo  | ou file this | form?          |                        |
| F            | or example, do you expect to finish paying for your car loan within the year or do you expect you  |              |                | se or decrease because |
|              | nodification to the terms of your mortgage?  |              |                |                        |
|              | No.  |              |                |                        |
| Γ            | Tyes Explain here:   |              |                |                        |

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| Fill in this     | s information to identify your                               | case.                    |   |                         |  |
|------------------|--|--------------------------|---|-------------------------|--|
|                  |  |                          |   |                         |  |
| Debtor 1         | Daphne J Payton First Name                                   | Middle Name              | Last Name                               |                         |  |
| Debtor 2         |  |                          |   |                         |  |
| (Spouse if, fili | ing) First Name  | Middle Name              | Last Name                               |                         |  |
| United Sta       | ates Bankruptcy Court for the:                               | NORTHERN DISTRICT        | OF ILLINOIS                             |                         |  |
| Case num         | ber  |                          |   |                         |  |
| (if known)       |  |                          |   |                         | ☐ Check if this is an  |
|                  |  |                          |   |                         | amended filing   |
|                  |  |                          |   |                         |  |
| Official         | Form 106Dec  |                          |   |                         |  |
|                  |  | ا میداد ایداد ما         | Dalataria Ca                            | la a deel a a           |  |
| Decia            | aration About a  | an individual            | Deptor's Sc                             | nedules                 | 12/15  |
| years, or b      | ooth. 18 U.S.C. §§ 152, 1341, 1                              | 519, and 3571.           | mapley sade sam result in               |                         | or imprisonment for up to 20   |
| Did v            | you pay or agree to pay some                                 | one who is NOT an atto   | rnev to help you fill out b             | ankruptcy forms?        |  |
| -                | No   |                          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                         |  |
| _                |  |                          |   |                         |  |
|                  | Yes. Name of person  |                          |   |                         | ptcy Petition Preparer's Notice,<br>nd Signature (Official Form 119) |
|                  |  |                          |   | Boolaration, a          | na dignatare (Gillolai i Gilli 119)                                  |
|                  | r penalty of perjury, I declare<br>hey are true and correct. | that I have read the sum | nmary and schedules file                | d with this declaration | and  |
| X le             | s/ Daphne J Payton   |                          | Х                                       |                         |  |
|                  | Daphne J Payton  |                          | Signature of                            | Debtor 2                |  |
|                  | ignature of Debtor 1   |                          | - 3                                     |                         |  |
| D                | Pate February 25, 2018                                       |                          | Date                                    |                         |  |
|                  |  |                          |   |                         |  |

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| =:1   | l in this inform           | ation to identify your                       |  |                                 |                      |  |   |
|---|----------------------------|--|--|---------------------------------|----------------------|--|---|
| _   |                            | ation to identify your                       |  |                                 |                      |  |   |
| De  | btor 1                     | Daphne J Paytor First Name                   | Middle Name  | Last                            | Name                 |  |   |
|   | btor 2<br>ouse if, filing) | First Name                                   | Middle Name  | Last                            | Name                 |  |   |
| Un  | ited States Ban            | kruptcy Court for the:                       | NORTHERN DISTRICT  | OF ILLINOI                      | S                    |  |   |
|   |                            | ., .,  |  |                                 |                      |  |   |
|   | nown)                      |  |  |                                 |                      |  | Check if this is an amended filing                    |
|   | fficial For                |  |  |                                 |                      |  |   |
| St  | atement                    | of Financial A                               | Affairs for Indivi   | duals F                         | Filing for B         | ankruptcy  | 4/16  |
| info<br>nur   | ormation. If mo            | ore space is needed,<br>). Answer every ques | attach a separate sheet to   | this form.                      | On the top of any    | equally responsible for sup<br>additional pages, write you |   |
| 1.  | What is your               | current marital statu                        | s?   |                                 |                      |  |   |
|   | ☐ Married ■ Not marr       | ied  |  |                                 |                      |  |   |
| 2.  |                            |  | lived anywhere other than  | whore you                       | live new?            |  |   |
| ۷.  |                            | st 3 years, mave you                         | iived allywhele other than   | where you                       | ilive now :          |  |   |
|   | ■ No □ Yes. List           | all of the places you li                     | ved in the last 3 years. Do r  | not include v                   | vhere you live now   | <i>'</i> .   |   |
|   | Debtor 1 Pri               | or Address:                                  | Dates Debtor 1 lived there   | I                               | Debtor 2 Prior Ad    | dress:   | Dates Debtor 2 lived there                            |
| 3.<br>sta   |                            |  |  |                                 |                      | ity property state or territor co, Texas, Washington and V |   |
|   | ■ No                       |  |  |                                 |                      |  |   |
|   | ☐ Yes. Mal                 | ke sure you fill out Sch                     | edule H: Your Codebtors (C   | Official Form                   | 106H).               |  |   |
| Pa  | rt 2 Explain               | the Sources of You                           | Income   |                                 |                      |  |   |
| 4.  | Fill in the total          | amount of income you                         | aployment or from operation of the properties of | all business                    | ses, including part- |  | ndar years?   |
|   | □ No                       |  |  |                                 |                      |  |   |
|   | Yes. Fill                  | in the details.                              |  |                                 |                      |  |   |
|   |                            |  | Debtor 1   |                                 |                      | Debtor 2   |   |
|   |                            |  | Sources of income<br>Check all that apply.   | Gross i<br>(before<br>exclusion | deductions and       | Sources of income<br>Check all that apply.                 | Gross income<br>(before deductions<br>and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: |                            |  | ■ Wages, commissions, bonuses, tips  |                                 | \$4,167.00           | ☐ Wages, commissions, bonuses, tips                        |   |
|   |                            |  | ☐ Operating a business   |                                 |                      | ☐ Operating a business                                     |   |

Official Form 107

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Case number (if known) Debtor 1 Daphne J Payton

|               | De  |  |   | Debtor 1  |   |  | Debtor 2   | Debtor 2  |   |  |  |
|---------------|---|--|---|---|---|--|--|---|---|--|--|
|               |   |  | Sources of income<br>Check all that apply.                          | Gross incor<br>(before dedu<br>exclusions)  |   | Sources of inc<br>Check all that a                   |  | Gross income<br>(before deductions<br>and exclusions) |   |  |  |
|               | r last caler<br>anuary 1 to               | dar year:<br>December                        | 31, 2017 )  | ■ Wages, commissions, bonuses, tips   | \$  | 41,246.79  | ☐ Wages, combonuses, tips                                  | missions,   |   |  |  |
|               |   |  |   | ☐ Operating a business  |   |  | ☐ Operating a  | business  |   |  |  |
| Fo<br>(Ja     | r the calen<br>anuary 1 to                | dar year be<br>December                      | fore that:<br>31, 2016 )  | ■ Wages, commissions, bonuses, tips   | \$  | 29,038.90  | ☐ Wages, combonuses, tips                                  | nmissions,  |   |  |  |
|               |   |  |   | ☐ Operating a business  |   |  | ☐ Operating a  | business  |   |  |  |
| 5.            | Include in and other winnings.  List each | come regard<br>public bene<br>If you are fil | lless of wheth<br>fit payments;<br>ing a joint cas<br>he gross inco | e during this year or the two<br>her that income is taxable. Ex-<br>pensions; rental income; inter-<br>te and you have income that your<br>me from each source separa | amples of other<br>rest; dividends;<br>you received too | income are a<br>money collect<br>gether, list it o   | alimony; child supported from lawsuits; only once under De | royalties; an<br>ebtor 1.                             |   |  |  |
|               |   |  |   | Debtor 1  |   |  | Debtor 2   |   |   |  |  |
|               |   |  |   | Sources of income<br>Describe below.  | each source<br>(before dedu<br>exclusions)              | е  | Sources of inc<br>Describe below                           |   | Gross income<br>(before deductions<br>and exclusions) |  |  |
| Pa            | rt 3: Lis                                 | t Certain Pa                                 | yments You  | Made Before You Filed for   | Bankruptcy  |  |  |   |   |  |  |
| 6.            | Are eithe ☐ No.                           | Neither D                                    | ebtor 1 nor D   | s debts primarily consume<br>bebtor 2 has primarily consu-<br>personal, family, or househo  | u <mark>mer debts.</mark> Co                            | onsumer debt   | s are defined in 11  | U.S.C. § 10   | 1(8) as "incurred by an                               |  |  |
|               |   | □ No.  | 90 days befo<br>Go to line 7  | re you filed for bankruptcy, di   | id you pay any o  | creditor a tota                                      | ıl of \$6,425* or mo                                       | re?   |   |  |  |
|               |   | ☐ Yes  | paid that cre<br>not include  | each creditor to whom you pai<br>editor. Do not include paymer<br>payments to an attorney for tl<br>t on 4/01/19 and every 3 year                                     | nts for domestic  | support oblig<br>case.                               | gations, such as ch  | nild support a  | ınd alimony. Also, do                                 |  |  |
|               | ■ Yes.                                    |  |   | r both have primarily consure you filed for bankruptcy, di  |   | creditor a tota                                      | ıl of \$600 or more?                                       | )   |   |  |  |
|               |   | □ No.  | Go to line 7  |   |   |  |  |   |   |  |  |
|               |   | ■ Yes  | include pay   | each creditor to whom you pai<br>ments for domestic support o<br>this bankruptcy case.  |   |  |  |   |   |  |  |
|               | Creditor's Name and Address               |  | Dates of payme  | ent Tota  | al amount<br>paid                                       | Amount you still owe                                 | Was this p   | payment for   |   |  |  |
| Richard Welch |   | December,<br>January, Febr<br>Rent           |   | 2,550.00  | \$0.00  | ☐ Mortgag ☐ Car ☐ Credit (☐ Loan R ☐ Supplie ☐ Other | Card   |   |   |  |  |

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|     | Creditor's Name and Address  | Dates of payment  | Total amount paid                                | Amount you still owe                        | Was this pa   | yment for                                       |
|-----|--|---|--|---|---|---|
|     | Auto Land  | December,<br>January, February<br>Car Payment                       | \$1,050.00                                       | \$0.00                                      | ☐ Mortgage ☐ Car ☐ Credit Ca ☐ Loan Rep ☐ Suppliers ☐ Other | rd<br>payment                                   |
| 7.  | Within 1 year before you filed for bankrupt <i>Insiders</i> include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. It alimony. | artners; relatives of any gen<br>a control, or owner of 20% of      | neral partners; partners or more of their voting | erships of which yog<br>g securities; and a | ou are a genera<br>iny managing a                           | I partner; corporations gent, including one for |
|     | No   |   |  |   |   |   |
|     | ☐ Yes. List all payments to an insider.  |   |  |   |   |   |
|     | Insider's Name and Address   | Dates of payment  | Total amount paid                                | Amount you still owe                        | Reason for  | this payment                                    |
| 8.  | Within 1 year before you filed for bankrupt  | cy, did you make any pay  | ments or transfer a                              | any property on a                           | account of a de   | ebt that benefited an                           |
|     | insider? Include payments on debts guaranteed or cos   | signed by an insider  |  |   |   |   |
|     | melade payments on debts guaranteed of eoc   | signed by an insider.   |  |   |   |   |
|     | ■ No   |   |  |   |   |   |
|     | ☐ Yes. List all payments to an insider   |   |  |   | _   |   |
|     | Insider's Name and Address   | Dates of payment  | Total amount paid                                | Amount you still owe                        | Reason for Include credi                                    | this payment<br>tor's name                      |
| Pa  | rt 4: Identify Legal Actions, Repossession   | ns, and Foreclosures  |  |   |   |   |
| 9.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.   |   |  |   |   |   |
|     | <ul><li>No</li><li>■ Yes. Fill in the details.</li></ul>   |   |  |   |   |   |
|     | Case title   | Nature of the case  | Court or agency                                  |   | Status of the   | 0.0350  |
|     | Case number  | Nature of the case  | Court of agency                                  |   | otatus or the   | cusc  |
|     | Gateway Financial v. Daphne<br>Payton<br>17 AR 779   | Collection  |  |   | ■ Pending □ On appea □ Conclude                             |   |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below.  No. Go to line 11.  |   | erty repossessed, f                              | oreclosed, garni                            | shed, attached  | , seized, or levied?                            |
|     | Yes. Fill in the information below.  |   |  |   |   |   |
|     | Creditor Name and Address  | Describe the Property   |  | Date  |   | Value of the<br>property                        |
|     | Sttoyon Sontolin   | Explain what happene  | d  | 11/2  | 7/2017  | ¢2 642 00                                       |
|     | Stteven Santolin<br>2143 W. Jefferson<br>Joliet, IL 60435  | ☐ Property was reposs ☐ Property was foreclo ■ Property was garnish | sed.   | 11/2  | 7/2017  | \$2,643.00                                      |
|     |  | ☐ Property was attached   | ed, seized or levied.                            |   |   |   |

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Case number (if known) Debtor 1 Daphne J Payton 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? Nο Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? П Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Nο Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You CKB Lawvers. LLC \$650 (Attorne Fee) + \$335 (Filing Fee) = \$985.00 124 N. Scott Street \$985

Joliet, IL 60432

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Debtor 1 **Daphne J Payton** 

| 17. | Within 1 year before you filed for bankrupt promised to help you deal with your credit Do not include any payment or transfer that y   | tors or to make payment  |                               |                | or transfer any prope                                   | rty to anyone who                             |  |  |
|-----|--|--|-------------------------------|----------------|---|---|--|--|
|     | ■ No □ Yes. Fill in the details.   |  |                               |                |   |   |  |  |
|     | Person Who Was Paid<br>Address   | Description and transferred  | value of any prop             | erty           | Date payment or transfer was made                       | Amount of payment                             |  |  |
| 18. | Within 2 years before you filed for bankrup transferred in the ordinary course of your Include both outright transfers and transfers rinclude gifts and transfers that you have alreated.  No  | business or financial aff made as security (such as                  | airs?<br>the granting of a se |                |   |   |  |  |
|     | Yes. Fill in the details.  |  |                               |                |   |   |  |  |
|     | Person Who Received Transfer<br>Address  | Description and property transfer                                    |                               |                | any property or<br>s received or debts<br>xchange       | Date transfer was made                        |  |  |
|     | Person's relationship to you   |  |                               |                |   |   |  |  |
| 19. | Within 10 years before you filed for bankrubeneficiary? (These are often called asset-p ■ No □ Yes. Fill in the details.   |  | ny property to a s            | elf-settled tr | rust or similar device                                  | of which you are a                            |  |  |
|     | Name of trust  | Description and  | value of the prope            | erty transfer  | red   | Date Transfer was made                        |  |  |
|     | List of Contain Financial Assessment   |  | '. D                          |                |   |   |  |  |
| Par | List of Certain Financial Accounts, I  | nstruments, Safe Depos   | it Boxes, and Stoi            | rage Units     |   |   |  |  |
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No |  |                               |                |   |   |  |  |
|     | Yes. Fill in the details.  |  |                               |                |   |   |  |  |
|     | Name of Financial Institution and<br>Address (Number, Street, City, State and ZIP<br>Code)   | Last 4 digits of account number                                      | Type of accour instrument     | cl<br>m        | ate account was<br>osed, sold,<br>oved, or<br>ansferred | Last balance<br>before closing or<br>transfer |  |  |
| 21. | Do you now have, or did you have within to cash, or other valuables?   | l year before you filed fo   | r bankruptcy, any             | safe depos     | it box or other depos                                   | itory for securities,                         |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |                               |                |   |   |  |  |
|     | Name of Financial Institution  | Who else had ac  | coss to it?                   | Describe the   | contonts  | Do you still                                  |  |  |
|     | Address (Number, Street, City, State and ZIP Code)   | Address (Number, State and ZIP Code)                                 |                               | Describe the   | Contents  | have it?                                      |  |  |
| 22. | Have you stored property in a storage unit   | t or place other than you  | r home within 1 y             | ear before y   | ou filed for bankrupto                                  | cy?   |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |                               |                |   |   |  |  |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  | Who else has or<br>to it?<br>Address (Number,<br>State and ZIP Code) |                               | Describe the   | e contents  | Do you still have it?                         |  |  |
|     |  |  |                               |                |   |   |  |  |

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Debtor 1 **Daphne J Payton** 

| Par | t 9: Identify Property You Hold or Control for S  | Someone Else  |        |                                    |                    |  |  |  |
|-----|---|---|--------|------------------------------------|--------------------|--|--|--|
| 23. | Do you hold or control any property that someofor someone.  | ne else owns? Include any prope   | rty y  | ou borrowed from, are storing fo   | , or hold in trust |  |  |  |
|     | No  |   |        |                                    |                    |  |  |  |
|     | Yes. Fill in the details.   | When to the manager.  |        |                                    | Walana             |  |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)   | De     | scribe the property                | Value              |  |  |  |
| Par | t 10: Give Details About Environmental Informa  | ition   |        |                                    |                    |  |  |  |
| For | the purpose of Part 10, the following definitions   | apply:  |        |                                    |                    |  |  |  |
|     | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. |   |        |                                    |                    |  |  |  |
| _   | Site means any location, facility, or property as to own, operate, or utilize it, including disposal  | sites.  |        |                                    |                    |  |  |  |
|     | Hazardous material means anything an environment hazardous material, pollutant, contaminant, or s   |   | s wa   | ste, hazardous substance, toxic s  | substance,         |  |  |  |
| Rep | ort all notices, releases, and proceedings that yo  | u know about, regardless of whe   | n the  | ey occurred.                       |                    |  |  |  |
| 24. | Has any governmental unit notified you that you   | may be liable or potentially liable                                       | e und  | der or in violation of an environm | ental law?         |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |        |                                    |                    |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) | nd     | Environmental law, if you know it  | Date of notice     |  |  |  |
| 25. | Have you notified any governmental unit of any release of hazardous material?   |   |        |                                    |                    |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |        |                                    |                    |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) | nd     | Environmental law, if you know it  | Date of notice     |  |  |  |
| 26. | Have you been a party in any judicial or adminis  | trative proceeding under any env  | ironi  | mental law? Include settlements    | and orders.        |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |        |                                    |                    |  |  |  |
|     | Case Title Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Na     | ture of the case                   | Status of the case |  |  |  |
| Par | t 11: Give Details About Your Business or Coni  | nections to Any Business  |        |                                    |                    |  |  |  |
| 27. | Within 4 years before you filed for bankruptcy, d   | lid you own a business or have ar   | ny of  | the following connections to any   | / business?        |  |  |  |
|     | ☐ A sole proprietor or self-employed in a to  | rade, profession, or other activity                                       | , eith | er full-time or part-time          |                    |  |  |  |
|     | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  |   |        |                                    |                    |  |  |  |
|     | ☐ A partner in a partnership  | ••  |        | •                                  |                    |  |  |  |
|     | ☐ An officer, director, or managing executive of a corporation  |   |        |                                    |                    |  |  |  |
|     | ☐ An owner of at least 5% of the voting or equity securities of a corporation   |   |        |                                    |                    |  |  |  |

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|             | ■ No. None of the above applies. Go to F   | Part 12.  |  |  |  |  |  |  |
|-------------|--|---|--|--|--|--|--|--|
|             | Yes. Check all that apply above and fill   | in the details below for each business.         |  |  |  |  |  |  |
|             | Business Name<br>Address   | Describe the nature of the business             | Employer Identification number Do not include Social Security number or ITIN.                                      |  |  |  |  |  |
|             | (Number, Street, City, State and ZIP Code)   | Name of accountant or bookkeeper                | Dates business existed   |  |  |  |  |  |
| 28.         | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. |   |  |  |  |  |  |  |
|             | ■ No □ Yes. Fill in the details below.   |   |  |  |  |  |  |  |
|             | Name Address (Number, Street, City, State and ZIP Code)  | Date Issued                                     |  |  |  |  |  |  |
| Pai         | t 12: Sign Below   |   |  |  |  |  |  |  |
| are<br>with |  | false statement, concealing property, or o      | declare under penalty of perjury that the answers obtaining money or property by fraud in connection ars, or both. |  |  |  |  |  |
| /s/         | Daphne J Payton  |   |  |  |  |  |  |  |
|             | phne J Payton<br>nature of Debtor 1  | Signature of Debtor 2                           |  |  |  |  |  |  |
| Da          | e February 25, 2018  | Date  |  |  |  |  |  |  |
| Did<br>■ N  | <del></del>  | ent of Financial Affairs for Individuals Filin  | g for Bankruptcy (Official Form 107)?  |  |  |  |  |  |
| Did<br>■ N  | you pay or agree to pay someone who is not   | an attorney to help you fill out bankruptc      | y forms?   |  |  |  |  |  |
|             | •  | ptcy Petition Preparer's Notice, Declaration, a | and Signature (Official Form 119).   |  |  |  |  |  |

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| Fill in this inform                | nation to identify your                         | case:                 |  |                                |   |
|------------------------------------|---|-----------------------|--|--------------------------------|---|
| Debtor 1                           | Daphne J Payton                                 |                       |  |                                |   |
| Dobtor 1                           | First Name                                      | Middle Name           | Last Name  |                                |   |
| Debtor 2<br>(Spouse if, filing)    | First Name                                      | Middle Name           | Last Name  |                                |   |
| United States Bar                  | nkruptcy Court for the:                         | NORTHERN DIST         | RICT OF ILLINOIS   |                                |   |
| Case number                        |   |                       |  |                                |   |
| (if known)                         |   |                       |  |                                | ☐ Check if this is an amended filing                          |
| Official Fo                        | rm 108  |                       |  |                                |   |
| Statemen                           | nt of Intentio                                  | n for Indiv           | iduals Filing U  | nder Chapter                   | 7 12/15   |
| If you are an indi                 | vidual filing under cha <sub>l</sub>            | oter 7, you must fill | out this form if:  |                                |   |
| creditors have                     | claims secured by yo                            | ır property, or       |  |                                |   |
| You must file this                 | ver is earlier, unless th                       | ithin 30 days after   | ou file your bankruptcy pet                              |                                | or the meeting of creditors,<br>reditors and lessors you list |
|                                    | ople are filing together<br>d date the form.    | in a joint case, bot  | h are equally responsible fo                             | or supplying correct info      | rmation. Both debtors must                                    |
|                                    | and accurate as possib<br>our name and case nun |                       | needed, attach a separate s                              | sheet to this form. On the     | e top of any additional pages,                                |
| Part 1: List Yo                    | our Creditors Who Have                          | Secured Claims        |  |                                |   |
| •                                  | -   | rt 1 of Schedule D:   | Creditors Who Have Claims                                | s Secured by Property (C       | Official Form 106D), fill in the                              |
| information be<br>Identify the cre | low.<br>editor and the property the             | nat is collateral     | What do you intend to do secures a debt?                 | with the property that         | Did you claim the property as exempt on Schedule C?           |
| Creditor's A                       | uto Land, Inc                                   |                       | ☐ Surrender the property.                                |                                | □ No  |
| name:                              | ·   |                       | ☐ Retain the property and                                | redeem it.                     | _   |
| Description of                     | 2007 Nissan Altima                              | a 100,000             | Retain the property and Reaffirmation Agreement          |                                | Yes   |
| property securing debt:            | miles   |                       | ☐ Retain the property and                                |                                |   |
|                                    |   |                       |  |                                |   |
|                                    | our Unexpired Personal                          |                       | n Schedule G: Executory Co                               | ontracts and Uneynited I       | Leases (Official Form 106G), fill                             |
| in the information                 | n below. Do not list rea                        | l estate leases. Une  | expired leases are leases the he trustee does not assume | at are still in effect; the le | ease period has not yet ended.                                |
| Describe your u                    | nexpired personal prop                          | erty leases           |  | W                              | Vill the lease be assumed?                                    |
| Lessor's name:                     |   |                       |  | -                              | T No.   |
| Description of lea                 | sed   |                       |  | L                              | ] No  |
| Property:                          |   |                       |  |                                | ] Yes   |
| Lessor's name:                     | and   |                       |  |                                | ] No  |
| Description of lea<br>Property:    | ised  |                       |  |                                | Yes   |
| Lessor's name:                     |   |                       |  | С                              | ] No  |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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| Debtor  | Daphne J Payton  | Case number (if known)  |
|---------|--|---|
| Descrip | otion of leased  |   |
| Propert |  | ☐ Yes   |
|         | s name:  | □ No  |
| Propert | tion of leased<br>y:   | ☐ Yes   |
|         | s name:  | □ No  |
| Propert | tion of leased<br>y:   | ☐ Yes   |
|         | s name:  | □ No  |
| Propert | tion of leased<br>y:   | ☐ Yes   |
|         | s name:  | □ No  |
| Propert | tion of leased<br>y:   | ☐ Yes   |
| Part 3: | Sign Below   |   |
| Under p | penalty of perjury, I declare that I have indicated my intention abo<br>y that is subject to an unexpired lease. | ut any property of my estate that secures a debt and any personal |
| X /s/   | / Daphne J Payton  |   |
|         | aphne J Payton<br>gnature of Debtor 1  | Signature of Debtor 2   |
| Da      | February 25, 2018  | ate   |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-05112 Doc 1 Filed 02/25/18 Entered 02/25/18 13:34:31 Desc Main Document Page 41 of 43

B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court**Northern District of Illinois

| In re    | Daphne J Payton  |   | Case No.   |                                |              |
|----------|--|---|--|--------------------------------|--------------|
|          |  | Debtor(s)   | Chapter  | 7                              |              |
|          | DISCLOSURE OF COMP   | PENSATION OF ATTO   | RNEY FOR D   | EBTOR(S)                       |              |
|          | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the be rendered on behalf of the debtor(s) in contemplati  | filing of the petition in bankruptcy  | , or agreed to be paid   | to me, for services rend       | lered or to  |
|          | For legal services, I have agreed to accept  |   | \$   | 650.00                         |              |
|          | Prior to the filing of this statement I have receive   | /ed   | \$   | 650.00                         |              |
|          | Balance Due  |   | \$   | 0.00                           |              |
| 2.       | The source of the compensation paid to me was:   |   |  |                                |              |
|          | ■ Debtor □ Other (specify):  |   |  |                                |              |
| 3.       | The source of compensation to be paid to me is:  |   |  |                                |              |
|          | ■ Debtor □ Other (specify):  |   |  |                                |              |
| 4.       | ■ I have not agreed to share the above-disclosed co  | ompensation with any other person   | unless they are mem  | bers and associates of m       | ıy law firm. |
|          | ☐ I have agreed to share the above-disclosed comp-<br>copy of the agreement, together with a list of the   | pensation with a person or persons we names of the people sharing in the  | who are not members<br>e compensation is att                   | or associates of my law ached. | firm. A      |
| 5.       | In return for the above-disclosed fee, I have agreed t   | to render legal service for all aspec   | ts of the bankruptcy   | case, including:               |              |
|          | <ul> <li>a. Analysis of the debtor's financial situation, and reb. Preparation and filing of any petition, schedules,</li> <li>c. Representation of the debtor at the meeting of cred. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reaffirmation agreements and applications of the secured creditors of the secured cred</li></ul> | statement of affairs and plan which<br>editors and confirmation hearing, a<br>to reduce to market value; ex-<br>ations as needed; preparation | h may be required;<br>nd any adjourned hea<br>emption planning | rings thereof;                 | ng of        |
| 6.       | By agreement with the debtor(s), the above-disclosed Representation of the debtors in any  |   | g service:   |                                |              |
|          |  | CERTIFICATION   |  |                                |              |
|          | I certify that the foregoing is a complete statement of bankruptcy proceeding.   | f any agreement or arrangement for  | r payment to me for i  | representation of the deb      | tor(s) in    |
| <u> </u> | February 25, 2018  | /s/ Christina Ban   |  |                                |              |
|          | Date Control of the C           | Christina Banyon Signature of Attorne   |  |                                |              |
|          |  | Christina Banyo   |  |                                |              |
|          |  | CKB Lawyers, LI   | LC   |                                |              |
|          |  | 124 N. Scott Stre<br>Joliet, IL 60432   | et   |                                |              |
|          |  | JUILEL, IL 00432  |  |                                |              |

cbanyon.law@gmail.com

Name of law firm

# **United States Bankruptcy Court Northern District of Illinois**

| In re  | Daphne J Payton                            |   | Case No.                       |            |
|--------|--|---|--------------------------------|------------|
| III IC | Dapinie o Payton                           | Debtor(s)   | Chapter 7                      |            |
|        | VE   | CRIFICATION OF CREDITOR M                               | ATRIX                          |            |
|        |  | Number of   | Creditors:                     | 4          |
|        | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credit                 | ors is true and correct to the | best of my |
| Date:  | February 25, 2018                          | /s/ Daphne J Payton Daphne J Payton Signature of Debtor |                                |            |

Auto Land, Inc 601 N Broadway St Crest Hill, IL 60403

City Center Healthcare 300 N. Ottawa Street Joliet, IL 60432

Robert Walinski 2215 Enterprise Drive Suite 1512 Westchester, IL 60154

Steven Santolin 2145 W. Jefferson Joliet, IL 60435